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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/768,091	02/02/2004	Donald La Verne Parsons		8519
7590 04/01/2005			EXAMINER	INER
Virginia Lehm	nan		GRUNBERG, A	ANNE MARIE
811 Mountain R Lebanon, OR			ART UNIT	PAPER NUMBER
Lebanon, OK	77333		1661	
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Please find below and/or attached an Office communication concerning this application or proceeding.



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Paper No.

NOTICE OF FEE DEFICIENCY

The info	ormality regarding the payment of the fee is indicated	below in connection with $10/768,091$			
	the original filing of the application and/or pre	climinary amendment (e.g. additional claim fees)			
	the reply filed on because of the	. The reply is not fully responsive to the prior Office action			
	following matter(s). See 37 CFR 1.111 and 37 CF	FR 1.135.			
4/	FEE(S) DUE . The reply (e.g., amendment) is considered inc	omplete in that the funds #385.00			
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	e. The reply (e.g., amendment) is considered inco	omplete in that the Credit Card payment to cover the entire fee due			
A		ype + last 4 digits ONLY) was refused.			
L		ered, since applicant has failed to remit (or authorize charge to a ted on the attached Patent Application Fee Determination Record. ne period set below.			
A	The filing fee of \$ submitted in the balance of \$ is due for presentation of the control of the	is application is insufficient. of excess claims (37 CFR 1.16(b) & (c)). 3/04 balance due \$\frac{10.00}{20.00}\$.			
	Explanation (Provide specific details of the required has been added to the fee due):	correction in order to assist the applicant. Indicate whether a service			
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"unpaid when the	d") or charged back by a financial institution (37 ne balance of a deposit account is below \$1000 a	crocessing each payment refused (including a check returned CFR 1.21(m)). There is a \$25.00 service charge for each month the end of the month (37 CFR 1.21(b)(2)).			
	nstruments Examiner (LIE) or Clerk of Group	(57) 222-0568			
Inquires	regarding this Notice should be addressed to the abo	ove at (5/1) 6/12 (insert Phone Number).			